

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO. 09 / 806800	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							61
2							62
3							63
4							64
5							65
6							66
7							67
8							68
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34							94
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36							96
37							97
38							98
39							99
40							100
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48							
49							
50							
TOTAL IND.	2		3				
TOTAL DEP.	8	→	11	→	11	→	
TOTAL CLAIMS	10	→	11	→	11	→	

PTO-1360 (3-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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